SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. item 4 if Restricted Delivery</li> <li>Print your name and address so that we can return the ca</li> <li>Attach this card to the back or on the front if space perm</li> </ul>	is desired.  s on the reverse  rd to you.  of the mailpiece,	A. Signature  Addresse  B. Received/by (Printell Name)  C. Date of Delivery  C. Date of Delivery
Article Addressed to:		D. Is delivery address different from item 1? * TYes  If YES, enter delivery address below:
U.S. Dept. of Ene Richland Operati PO Box 550 Richland, WA 99	ons Office	Certified Mail
		4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number     (Transfer from service label)	7012 341	